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CHILD SEXUAL ABUSE: SEVERAL BRIEF INTERVENTIONS WITH YOUNG PERPETRATORS

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Abstract—Clinicians are expected to treat very young perpetrators and victims of sexual abuse, often with limits on the number of sessions they may offer, the family members they may see, and the compromising circumstances of day care and housing arrangements affecting the safety and welfare of the children referred for treatment. Using specific case examples, this paper offers several therapeutic principles and their practical application to demonstrate brief and effective interventions that are sufficiently flexible to meet the challenges and needs of victimized and perpetrating children within the constraints imposed by shelters, foster and day care and other protective settings.

Key Words—Child sexual abuse, Youthful offenders, Brief therapy.

INTRODUCTION

BOTH THE PERPETRATORS and victims of sexual abuse seem to be getting younger each year. Additionally, the axiom that molesters were themselves once sexually abused appears no longer to be valid in all cases. Learned behavior in the form of observing sexual acts either in person or from television, videotapes, movies, and other visual media account for other cases. Aggressive and vulnerable children are often exposed to each other with inadequate adult supervision at understaffed day-care programs, and homeless and battered women's shelters. As a result, clinicians are faced with a much more diverse population in age and experience and a lack of resources and skills designed for this young age group. In the current period of severe cutbacks in funding, it is difficult to retain existing mental health programs, much less increase services for a new population.

The purpose of this paper is to present a few examples of brief strategic interventions with young perpetrators and those who live with them to describe an approach that can be easily and inexpensively implemented in homes, day-care programs, and shelters. In this article, "perpetrator" is meant in the literal sense, the person who commits an act. It is not intended as a diagnostic or psychodynamic term, nor to indicate behavior at the end of a continuum (e.g., from sexualized, to abuse-reactive, to predatory). The author's aim is not to suggest that such brief therapy is sufficient to prevent a young perpetrator from ever approaching another child, nor that therapy to help an abusive or abused child understand his/her sexual and emotional experiences is unneeded. Rather, this paper proposes that an effective way to begin the process of behavioral change and affective maturation is through the prompt direction of a small but significant step toward self-control and concern for others.

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REVIEW OF LITERATURE

There is a substantial body of recent literature about abused and abusing children, but few make direct use of strategic interventions despite their ability to make significant changes in the present and potential for longer lasting benefits.

The purpose of this brief review is to select specific works that lend themselves to strategic interventions; for an extensive bibliography on sexualized children the reader is referred to Gil and Johnson (1993).

Regardless of the theoretical persuasion of the practitioner, effective therapy has two essential ingredients: mastery and empathy. Sometimes called transference (traditional psychoanalytic practice), corrective emotional experience (Alexander & French, 1946), or second order change (Watzlawick, Weakland, & Fisch, 1974), effective interventions bring about both self-control or mastery of something previously thought to be beyond the individual's grasp, and a sense of relatedness or concern for others. Self-control without interpersonal purpose may provide the capability (or first-order change) to prevent recurrence of undesirable behaviors but not the motivation for consistent and significant change. Avoiding being caught and having consequences imposed, by the penal system for example, would influence the choices of the skillful person when he/she thought chances of discovery were high. At the other extreme, acquiring an understanding of the deleterious effects of one's harmful behavior without also learning alternative responses would likely lead to despair, and from this despondent position to relapse. Empathy provides the motivation to look beyond oneself and see the impact one has on others. That is, it creates the sense of purpose needed to integrate new and often difficult skills into one's self-image, leading to profound (or second-order) change.

In addition, since preoccupation with a problem can reduce energy available for growth, it is often also useful for the therapist to encourage development to the next stage of life (Haley, 1973). Such forward-looking intervention is also benign, requires no loss of face or admission of failure by the client, allows problems and dysfunctional behaviors to be outgrown and redirects attention to healthy maturation of which the therapeutic change is one part. Particularly in work with children, who ideally progress rapidly from one developmental stage to the next, and are usually eager to grow up, such a developmental boost is typically welcomed by both the child and his or her family.

Finkelhor and Browne (1985) provide a useful four-pronged framework within which to assess the losses of sexually abused children and plan restorative interventions. First, children are traumatized by sexual abuse, and their development is sidetracked and misshaped through premature sexualization. They become confused about their identity and worth in relationships as the affection they receive becomes sexualized. Second, children experience betrayal as a parent or other respected and trusted adult violates his/her protective responsibilities and becomes sexually involved with the child(ren). Moreover, children sustain another—and often more painful—betrayal when the nonoffending parent fails to recognize and stop the sexual abuse. Third, children experience a loss of power and autonomy as a result of this sexual intrusion into their bodies and their childhoods. Finally, children feel stigmatized by the sexual abuse, and are burdened by a profound sense of shame. Interventions designed to help sexually abused children develop a sense of self and self-worth, of mastery and control of their own bodies, will likely be reasonably thorough if they address these four areas of loss. With necessary modifications to address other types of abuse and neglect, Finkelhor and Browne's conceptualization provides a useful framework for designing interventions.

One approach to developing the concomitant sense of empathy is provided by Alice Miller (1983, 1984). She posits that in violent and abusive homes children have basically two choices: to identify with the victim or with the aggressor. Identifying with the victim, and its behavioral correlate, seeking to intervene on the victim's behalf (typically a sibling, a pet, or a battered

parent) will only put children in greater danger by directly challenging the violent adult. Children seeking to survive in such a home will likely fare better in the short run by identifying with the abuser and awaiting the day when they will become big and strong enough to wield such power themselves. To maintain this aspiration, however, children must discount the pain of the victims, leading to a diminished capacity for empathy, and eventually to an inability to perceive the pain of others at all. Thus, effective interventions must restore this capacity to see the plight of others and encourage concern about their welfare.

By their experience of molestation, children learn how to be sexual with others, and may make sexual approaches to both other children and adults (Salter, 1988). Some children seem unable to tolerate the role of victim and may attempt to gain mastery over an upsetting experience by playing the role of perpetrator, by engaging in fixated and repetitive sexual play in an effort to discharge anxiety (Gil, 1990, 1991; Gil & Johnson, 1993), or by identifying with and replicating the behavior of the aggressor (Miller, 1983). These behaviors, unfortunately not uncommon among abused children, pose a danger to others, especially younger and smaller children, and can lead to the expulsion of a victimized child from programs and activities out of concern for the welfare of other attendees.

Providing skills to cope with reactions to abuse is necessary, but must be done in a way that avoids blaming the victim and antagonizing the parents. Presenting the problematic behaviors as vestiges of a younger age that are now ready to be outgrown allows not only for the saving of face but also the encouragement of normal growth and development. Milton Erickson (Haley, 1973) suggests that individuals and families tend to seek the help of therapists when they are unable to meet the challenges of a new developmental stage and become stuck or symptomatic. "While focusing sharply on symptoms, Erickson's therapeutic strategy has as its larger goal the resolution of the problems of the family to get the life cycle moving again" (p. 42). Such developmental boosts are especially important in work with abused children, whose normal acquisition of new skills and capacities may have been stunted by the accelerated growth in sexual matters, hypervigilance due to proximate danger, or excessive responsibilities related to parental absence or incapacity.

FIRST CASE EXAMPLE: AN 11-YEAR-OLD WHO MOLESTED A CLASSMATE

A 9-year-old boy was brought into protective custody by the county welfare department of a San Francisco Bay Area suburb following reports by neighbors and school personnel that the child was unsupervised and out of control on the streets, and that the mother, a drug user and prostitute, was unable to care for him or provide a stable home. The Juvenile Court ordered the boy into out-of-home placement where he remained indefinitely because of the mother's failure to cooperate with reunification services or make any of the changes necessary for the child to be returned to her care.

The boy was placed in a foster home in a safer portion of the same community so that he could continue to attend the same school and maintain ties with his teacher and classroom friends. The foster parents empathized with the boy's disappointment at his mother's failure to visit and show an interest in him. Further, they encouraged his academic performance without putting undue pressure on him to achieve at grade-level. However, the placing social worker noted several concerns: The parents belonged to a fundamentalist church and expressed a harsh and judgmental attitude about the mother's drug usage and prostitution; the household rules were many and rigid, and might prove overwhelming to a child used to no supervision; the structure of the family was traditional with the mother assuming all responsibilities for care of the children and the father devoting himself to his job.

Whenever the boy's mother was released from jail, she would schedule a visit with her son

but, more often than not, fail to keep the appointment. The child would then get into fights at school, and the foster mother would be summoned by the principal. Despite the strain that this combative behavior created, the foster parents understood the child's anger and were able to nurture him and tolerate these periodic outbursts. At the time of the precipitating incident, the child had been in this foster placement for 2 years, and expressed affection for his foster parents and a desire to remain in their home.

One day after school, the boy and a male friend chased a girl across the school playground, pushed her behind some bushes, pulled her underpants down and fondled her external genitalia. A teacher found them and contacted the police. Juvenile officers interviewed the boys, their parents and foster parents, and notified Child Protective Services and a community counseling program.

The foster mother informed the child's social worker (in charge of supervising the foster placement) of "the attempted rape," and questioned whether she could continue to have "a sex offender" reside in her home. No mention was made by the foster mother of her husband's reaction. The foster mother concluded the conversation by reporting her dissatisfaction with the request by the school and the community counseling program that she become more involved with their respective programs.

The social worker made a home visit and met with the boy alone initially to hear his version of the incident. However, it was apparent to both the social worker and the child that the foster mother was pacing in the wings. Her agitation was distracting, so the social worker invited her to come in and listen to the conclusion of the interview.

The child reported that his friend was the instigator and that he had himself joined in on a dare from the other boy. Since he did not deny or minimize his participation and it seemed very important to him that his following rather than leading be acknowledged, the social worker volunteered that she believed his account. The child then described his interview with the police and the reaction of his foster mother. He appreciated that all the adults involved saw this episode as extremely serious. The social worker asked the boy why he thought the adults were so concerned. As he was beginning to answer, the foster mother interrupted, describing irately the logical extremes of his behavior, namely becoming a rapist and spending his life in jail, just like his mother the prostitute was spending hers. The social worker felt her rapport with the child dissolving as the foster mother escalated the discussion. Therefore, she asked the boy to go to his room and write a letter or an essay of a paragraph or so explaining how the girl might have felt in that situation. She said she gave him the task so that he could reassure the adults that he did understand the seriousness of his behavior. She then asked him to leave the living room and begin working on his assignment as she did not wish the foster mother's fury to destroy the progress made by the boy in the interview. It was obvious that the foster mother felt that the social worker's task was not punitive enough.

Later that week, the social worker set up another meeting with the foster family and had to insist that the foster mother ask her husband to attend. Although the worker had been supervising the placement of the child in that home for more than a year, it was nevertheless her first meeting with the foster father. The interview began with the foster mother repeating her outrage at the attempted rape by the sex offender. She reviewed—with considerable agitation—how difficult the placement had been for her from the beginning, how hard it had been for her family to deal with the erratic visits of the child's biological mother, to accommodate the misbehavior of the boy when the visits went badly or did not take place, and how this reprehensible episode pushed the placement beyond tolerable limits. She pointed out how all the burden of child care and the new demands of the school and the community counselor fell on her because of her husband's work schedule.

The foster mother's mention of her husband's lack of involvement gave the social worker an opportunity to ask for his view of things. He did not use his wife's inflammatory language

when expressing his concern. He also did not immediately refuse the social worker's tentative inquiry about the possibility of his becoming more involved with the boy. Therefore, the social worker pointed out to the couple how important the child's relationship was with his foster father because the foster father was the sort of man—responsible, gentle, sexually appropriate with adults and children—everyone hoped the boy would become. The foster father offered to spend more time with the boy, and suggested having him help with yard work around the house. The foster mother agreed that it would be nice for them to share work and build their relationship.

Since the foster father had volunteered to do something extra with the child readily, and the foster mother had welcomed the proposal, the social worker designed her request similarly. She wanted to find a task that would facilitate the boy's identification with his foster father and also ease the burden for the foster mother. The social worker began by mentioning how much the boy had grown in the past year, and that the incident at the school was seen as so serious partly because the child now looked more like a young man. She continued by saying that she hoped the boy could learn from his foster father how a man could be big and strong and also gentle with women. The foster parents both expressed their agreement with this wish. She asked if it might be possible for the foster parents to explain to the boy that he was too big to go shopping for his clothes in the boys' department with his foster mother, and would now have the privilege of going to the young men's department for clothing with his foster father. The foster father agreed to assume the responsibility for buying the boy's clothes, and to use the opportunity to point out how the boy's body was growing into a man's body like his foster father's.

The foster mother was so delighted at the turn the conversation had taken—for, unbeknownst to the social worker, she loathed taking children shopping for clothes—that she volunteered letting the boy attend dances sponsored by her church so that he could have an opportunity to wear his new clothes and interact appropriately under adult supervision with girls his age.

Having ended the previous meeting on such an unexpected high note, the social worker apprehensively approached the next visit some two weeks later. However, the foster mother's attitude and demeanor were uncharacteristically positive and enthusiastic. She said that the boy had written a letter to her describing how the victimized girl probably felt that was both sincere and thoughtful. She said that she was moved by his letter, felt he understood her concerns, and was sure there would not be a recurrence. With obvious pleasure, she asked the boy to show the social worker the letter he had written. He was proud to comply with her request. The letter ran as follows:

street address*

Bay Area, CA

April 9, 1987

Dear Mom,

I've been thinking about the mess that I was involved in. And I think the girl was scared and did not know what to do. And if someone was trying to catch me I would do the same thing. I get what everybody is saying to me now is that if I see trouble I should go the other way instead of going by the trouble. Mom I'm sorry of everything.

Sincerely your son,

(signature)*

Love Always

*identifying information deleted

The social worker read the letter and complimented the boy on his insight. He responded

by saying that he would have been very scared if he had been the one overpowered. He added that if someone should dare him to do that again, he would instead reply "How would you feel if someone tried to do that to you?" He added that if that did not stop the other person, he would run for help. He said he would go to the principal's office, and added with a smile that he knew where it was because he had been sent there several times. He continued that if no one was there, he could call the police. He sounded sure and confident as he described ways in which he might help a child in danger. He clearly had given the situation considerable thought and practiced in his mind the role of protector. He concluded by stating that he had acted on a dare without giving a moment's thought to how it would feel to be in the girl's position, but that now, having thought about it a lot, he regretted what he had done and would think before responding to the next dare. His sincere remorse combined with his clear description of behavioral alternatives within his grasp when faced with similar challenges fully assuaged his foster mother's fears—a high standard indeed.

Writing is an invaluable clinical tool, providing the externalizing experience of transferring invisible thought to the visible written word and the sensory-motoric reinforcement of actually moving a pen or pencil across a sheet of paper. Writing also gives a sense of mastery over the experience written about through the editorial control the author exercises with the narrative structure of beginning, middle, and end (Garbarino, Dubrow, Kostelny, & Pardo, 1992; White & Epston, 1990). It can also reduce the burden of the author: What one can carry around in a notebook one need not carry around inside oneself. The content of the written work focused on the child's ability to empathize with his victim, thus linking his sense of personal control to his awareness of his effect on others.

The empathy the child acquired motivated him to create and rehearse responsible behavioral alternatives for similar situations. He saw that by overpowering the girl he took away her autonomy and scared, possibly traumatized, her. He realized that she might harbor fear as a result of his force. By becoming an exemplar of responsible behavior with his peers and identifying himself as a protector of potential victims, he outgrew the restrictive and antisocial labels attributed to him by the foster mother, and demonstrated a mature and realistic commitment to act differently in the future.

Doubtless the boy experienced great upset at the possibility of being expelled by his foster parents, and felt betrayed by the savage and condemnatory language used by his foster mother. His security and position in the household were on the verge of being dissolved, and he was harshly confronted and shamed. These concerns must have resonated deeply within him because of the abuse and neglect he had sustained in his mother's inadequate care. The foster mother's change in attitude and language, based on something tangible that the child had produced, that is, the letter, reinforced the child's sense of accomplishment as he graduated from "attempted rapist" to protector. Moreover, his promotion to young man who would shop with his foster father and earn new social privileges provided the developmental boost he needed.

SECOND CASE EXAMPLE: A 4-YEAR-OLD BOY WHO DIGITALLY PENETRATED THE VAGINA OF AN 18-MONTH-OLD GIRL AND TAUGHT THE FOUR OTHER BOYS LIVING IN HIS SHELTER HOW TO PERFORM ORAL COPULATION

A shelter for battered women requested assistance following an incident in which a 4-year-old boy stuck his finger inside the vagina of an 18-month-old girl. The girl's mother heard her daughter scream, rushed to the living room where several of the children were watching television, and literally lifted her daughter off the boy's finger as she picked her up. Another mother who responded to the screams also observed the boy's finger in the girl's vagina.

Additionally, the boy had been engaging in a lot of sex play with the other boys residing in the shelter, including oral copulation.

The mother of the little girl had fled from Bolivia several years earlier, and entered the United States illegally. She met a man who took her in, and soon became pregnant. Although the man beat her, he offered her a home and was bilingual. She was afraid of being deported, and of being a single parent without job or language skills. Finally, however, because of the severity of the abuse, she summoned up the courage to enter the shelter, and upon her arrival the staff assured her in their limited Spanish that she and her child would be safe in their program. They helped her fill out forms to obtain a restraining order and gave her some information on English language programs. Three weeks later—just as she was beginning to settle in and think of a more promising future—her young daughter was sexually assaulted. She feared that her daughter might be permanently scarred, and blamed herself for bringing the child to a place in which she was molested.

The mother of the offending boy refused to believe her child had penetrated the girl, although he was observed by two adults. She minimized the sex play among the boys, and said it was just normal curiosity. She also denied that her son had been exposed to any abnormal or inappropriate behavior despite his twice monthly weekend visits with his father who, she admitted, had numerous girlfriends. The staff had attempted to get her to moderate her position, but had only managed to increase her defensiveness. They were considering expelling her from the shelter if she did not become more cooperative.

The mothers of the other children were distraught about the sex play, especially the oral copulation, and were furious with the mother of the perpetrator for refusing to acknowledge what her son had done. The parents and staff alike were at a loss about what to do next. Additionally, the staff's requests for assistance from the Department of Social Services and County Mental Health were refused because of the ages of the children. The agency eventually prevailed upon the local Child Abuse Council to send a social worker to facilitate a house meeting and make a few suggestions about reducing the sex play among the children.

The house meeting was attended by the five resident parents, the staff member in charge of the shelter, the social worker from the Child Abuse Council and an interpreter because two of the mothers spoke only Spanish. The parents aired their concerns about the amount of sexual activity among the boys, all of whom ranged in age from 2 to 4. They also complained about the cramped quarters and the intractability of the mother of the perpetrator. Some basic guidelines distinguishing normal sex play and abuse-reactive play were given (Gil, 1990; Gil & Johnson, 1993), and questions about supervision, privacy, and nudity were asked. Each mother shared a room with her child, and frequently went to the bathroom in the hallway clad only in a nightgown. The children were also often left alone in the living room to watch television and play when the women were preparing meals, answering the phone, doing laundry and similar chores.

As a group, the parents and staff agreed to a number of programmatic changes:

1. The children were to be supervised at all times, keeping a ratio of at least one adult for every three children.
2. The parents would wear a bathrobe (both in their own room and going to the bathroom) when not fully clothed to avoid further stimulating the children.
3. The parents agreed to set aside an hour each day for the boys to do aerobics together so that they could enjoy their bodies, the physical exertion of the exercise, and the companionship of their peers in a nonsexual way.
4. The staff member agreed to purchase bed tents (sold in toy stores for about \$20.00 each and featuring popular cartoon characters) for each of the children. The tents would give the children a sense of personal space and boundaries, and also block their view of their

mother dressing and undressing. Moreover, everybody thought it would be easier to get a child to forbid trespassing in his tent than to reject oral copulation.

5. A private consultation was held with the mother of the little girl, and the child's play and interaction with her mother were observed. The mother said the child cried every time the boy who had assaulted her came near, and she clung to her mother in his presence. The mother cried and repeated the story of fleeing from a violent country, to a violent man, and now to a supposedly safe setting in which her child was sexually assaulted. She voiced her concerns that the child would be damaged for life as a result of the decision her mother had made. She also said that she was trapped because she no longer trusted the program or the other parents to babysit for her daughter. Without child care, she could not take English or job skills classes.
 - 5a. According to the mother, the child showed no changes in eating, sleeping or toilet habits. She was not masturbating or demonstrating any other sexualized behaviors. Nor was she especially fearful around the boys in the shelter other than the one who had harmed her. The mother was reassured that the child seemed to be reacting well to the horrible incident, feeling safe with her parent, and doing what she could to prevent the other child from hurting her again. She showed no developmental loss or change in behavioral patterns. The mother seemed reassured by these observations. She was given a referral to a pediatrician who spoke Spanish and advised to take the child for an examination to reassure herself and the child that she was uninjured. She was also told how to find a Spanish-speaking counselor with expertise in child sexual abuse if she wanted additional advice or if the child's behavior changed.
 - 5b. Since the little girl was a victim of child abuse, she qualified for protective day care subsidized by the county. Because of the highly charged situation, the day-care referral agency located a slot in a bilingual day-care program and enrolled the child within a week. Thus, the mother could enroll in her courses and plan for a more independent and happier future. In addition, the mother felt supported and encouraged by the services and assistance she had received, and decided that some nice and helpful people lived in America along with the abusive ones.
6. While steadfastly maintaining that her child had done nothing wrong, and had not been exposed to any inappropriate sexual behavior either in her care or in the father's care, the mother of the perpetrator did agree to support the programmatic changes listed above. Again without admitting fault, she did agree to curtail the boy's overnight visits with the father and ask him not to have his girlfriends around while he was visiting his son. A contract was drawn up between the mother and staff member clearly setting limits and consequences for failure to comply, including her possible expulsion from the program.

The social worker and staff member decided to let things stabilize with the implementation of the plan. However, both were concerned about the continuing needs of the 4-year-old and the potential danger he posed to children around him. They decided to watch for an opportune moment to provide a developmental boost that would allow him to outgrow his intrusive behaviors without challenging the mother's refusal to acknowledge the boy's assault. Specifically, the child had been toilet trained rather easily and was also able to dress himself except for especially difficult zippers, buttons, and buckles. They proposed noticing this accomplishment, and encouraging his pride in mastery of these skills. Then, they would suggest that the next step in independence was enjoying the privacy that came with being able to go to the bathroom alone and to dress oneself. Finally, they would stress that respecting the privacy of others, in their rooms and in their bodies, was evidence of real maturity, the sign of his being a big boy ready to enter kindergarten (something that he was eagerly anticipating).

In sum, to address the possible traumatic impact of the sexual play and assault, and the corresponding sense of powerlessness the children might have been experiencing, consistent

adult supervision was imposed. To rebuild a sense of boundaries, and of body and personal space, the tents were recommended along with the prohibition of nudity. Through the healthy enjoyment of their bodies in the aerobic regime, the children were given a way to substitute a positive sense of strength and soundness for negative messages they had picked up from the offending child and the upset parents. Furthermore, this greater involvement of the parents through supervision and exercise created a more stable and trustworthy environment for all the children. Moreover, greater involvement with significant adults is stimulating for children. Interaction with a parent or house-mate is more challenging than watching television (the babysitting plan before the renegotiation of responsibilities at the house meeting). Thus, in all likelihood, the increased supervision by the adults in the home, supported by the advice and encouragement of the staff member, opened the door to greater awareness of the current capabilities of the children and the stimulation of their growth and development. Additionally, even with these young children whose capacity for abstraction and empathy is necessarily limited, the groundwork was laid by the emphasis the parents and staff placed on taking turns, sharing, being gentle, controlling impulses and respecting privacy. Lastly, the developmental boost of enjoying his privacy and honoring the privacy of others allowed the aggressive boy and his resistant mother to embrace change and nurture self-restraint and respect for others.

CONCLUSION

This paper has described practical interventions for brief treatment of sexually abused and abusive children in difficult settings. The author's aim in no way is to suggest that such limited efforts are sufficient to address the needs of these children, but rather to encourage therapists with limited time and resources not to despair. By focusing on the essentials of mastery, empathy and growth, those who must work briefly can nevertheless have an impact even with sexually abused and abuse-reactive children.

A focused assessment of the child's development, including lags, distortions, and accelerations related to abuse and neglect, is key. The child needs to experience personal mastery and a sense of worth, both to him/herself and by gauging the impact of his/her behavior on others. This new level of functioning and awareness must be broadened to include a concern for others. The child must be encouraged to consider the feelings of others who are affected by his/her behavior, and helped to care about their responses, that is, to see him/herself in relationship to others as part of his/her sense of identity. Recognition of accomplishment comes in the form of a promotion, a positive, noncondemnatory way for the child to outgrow the dysfunctional behavior and embrace the future with a new sense of adequacy, connectedness and participation. If the therapist has access to adults significant to the child and can include them in the forward-looking plan, a progressive structure can be designed that will encourage the child's continuing development, skill and concern for others. Even when that is not possible, the therapist can facilitate the child's experience of mastery, empathy and growth, and hope that the multifaceted intervention will lead to generalization to other settings. At least, the developmental boost has become part of the child's experience, and remains available to the child as a lesson learned in the past that can be drawn on to face future challenges.

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Résumé—On demande au cliniciens qu'ils soignent de très jeunes auteurs et victimes d'abus sexuel en leur imposant des limites dans le nombre de sessions à offrir, de membres de la famille à voir et dans l'aménagement des circonstances compromettantes d'accueil au cours de la journée et de dispositions domestiques, affectant la sécurité et le bien-être des enfants, envoyés pour traitements. S'appuyant sur certains cas cliniques, cet article offre plusieurs principes thérapeutiques et leur application pratique pour démontrer l'efficacité d'interventions brèves, suffisamment souples pour répondre aux besoins et aux problèmes posés par les enfants auteurs et victimes d'abus sexuel, tout en respectant les contraintes imposées par les foyers, les centres de jours, les institutions et d'autres lieux de protection de l'enfance.

Resumen—Se espera que los clínicos puedan tratar a perpetradores muy jóvenes así como a víctimas de abuso sexual, muchas veces con límites en cuanto al número de sesiones que pueden tener, los miembros de la familia que pueden ver, y las circunstancias comprometedoras del cuidado sustituto y los arreglos de hogar que pueden afectar la seguridad y el bienestar de los niños referidos para tratamiento. Utilizando casos específicos, este trabajo ofrece varios principios terapéuticos y sus aplicaciones prácticas para mostrar intervenciones breves y efectivas que son suficientemente flexibles para responder a los desafíos y las necesidades de niños victimizados y perpetradores dentro de límites impuestos por el hogar, cuidados sustitutos y otros ambientes de protección.